



FY17 HOME
July 1, 2017 – June 30, 2018
Funding Application Cover Sheet

Activity Information

Activity Name _____

Amount Requested _____

Total Project Cost _____

Address of Activity _____

Brief Activity Description
(175 characters max)

Number of Beneficiaries _____ People Households

*Please check only one
Housing Activities Use Households and
Public Services and Facilities Use People*

Agency Information

Agency Name _____

Agency Mailing Address _____

DUNS Number (Only agencies requesting \$25,000 or more) _____

Contact Person (Person most knowledgeable – Will be the main contact for the grant)

Name _____

Phone _____ E-mail _____

Person Legally Authorized to Sign

Name _____

Phone _____ E-mail _____

Date Submitted _____

Priority Ranking _____

If multiple applications are being submitted from an agency, rate each in order with 1 being the highest priority.

Applications Deadline - December 5, 2016 at Noon
Submit to: Housing Services, 101 First Street SE, Cedar Rapids, IA 52401



**HOME Program
Rental Specific Information**

Project Type

Rehabilitation

New construction

Enter the number of units for each bedroom size and the proposed gross rent.

| Bedrooms | Number of Units | Proposed Gross Rent |
|----------|-----------------|---------------------|
| 0 | _____ | _____ |
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |

What utilities will be paid by the household?

| | | |
|-----------------|--------------------------|----------------|
| Basic Electric | Water | Trash Disposal |
| Heat – gas | Water Heating – gas | Sewer |
| Heat – electric | Water Heating – electric | |

Target Population

What is the target income range for this project in terms of percent of area median family income and the number of HOME units and market rate units per income category?

| Income Range | Home Units | Market Rate Units |
|--------------|------------|-------------------|
| 0-30% | _____ | _____ |
| 31 - 50% | _____ | _____ |
| 51 - 80% | _____ | _____ |
| Over 80% | _____ | _____ |

What type of households will the project serve? Check all that apply.

Individual Family Elderly Disabled

Does the population have any special needs? Check all that apply.

Homeless Domestic Violence Disabled
 HIV/AIDS Substance Abuse Re-entering Offender

Other (explain) _____

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**HOME Program
Homebuyer Information**

Project Type

Acquisition Rehab New construction Direct Financial Assistance

For Acquisition Rehab

Units _____

Estimated Average Acquisition Cost _____

Estimated Average Rehab Cost _____

Estimated Average After Rehab Value _____

Estimated Sales Price _____

For New Construction

Units _____

Estimated Construction Cost _____

Estimated Sales Price _____

For Direct Financial Assistance

Units _____

Estimated Sales Price _____

Estimated Assistance Amount _____

Target Population

What is the target income range for this project in terms of percent of area median family income and the number of HOME units per income category?

| Income Range | Home Units |
|--------------|------------|
| 0-30% | _____ |
| 31 - 50% | _____ |
| 51 - 80% | _____ |
| Over 80% | _____ |

What type of households will the project serve? Check all that apply.

Individual Family Elderly Disabled

Does the population have any special needs? Check all that apply.

Homeless Domestic Violence Disabled

HIV/AIDS Substance Abuse Re-entering Offender

Other (explain) _____

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*Application for HOME Investment
Partnership Program Grant*

1. **Agency Description**

Describe your organization's mission.

Describe the services provided by your organization.

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*Application for HOME Investment
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Describe your organization's prior experience in service provision.

Describe your organization's prior experience administering grant funds including the dates of your last CDBG and HOME grants.

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*Application for HOME Investment
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2. Activity Description

Describe the activity for which you are requesting funding. Please explain in detail the proposed use of the CDBG or HOME funds.

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**Application for HOME Investment
Partnership Program Grant**

3. Activity Funding and Justification

A table containing the detailed budget, a statement of sources and uses, and itemization for each component must be attached to each application copy.

List the amount requested:

What possible influence would an increase or decrease, compared to the last fiscal year funding, have on the activity? What possible influence would a change in funding level from the amount requested have on the activity?

What would be the minimum award necessary to make this project feasible?

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*Application for HOME Investment
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Describe your long-term strategy to sustain funding for this activity.

Explain how requested assistance may be used to leverage other funding.

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**Application for HOME Investment
Partnership Program Grant**

List all other funding sources and amounts:

| Federal Sources | Amount | Check if Secured |
|-----------------|--------|------------------|
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

| State/Local Sources | Amount |
|---------------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Private Sources | Amount |
|-----------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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**Application for HOME Investment
Partnership Program Grant**

4. Document Community Needs

What community need validates activity funding? *Include and cite all supporting data.*

Explain how the activity exhibits consistency with the City's Consolidated Plan.

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**Application for HOME Investment
Partnership Program Grant**

5. Service Location

Identify the specific target population and/or the geographic area to be served. (*Who will you serve, what income levels will you target?*)

Describe the facilities or location where services or improvements will be provided.

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*Application for HOME Investment
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Will the activity contribute to the City's goal of stabilizing and revitalizing the core CDBG neighborhoods and specifically how will this be accomplished?

Does the activity work to deconcentrate low- to moderate-income individuals or households?

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*Application for HOME Investment
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6. Coordination of Effort

Describe how activity services will be coordinated with other community agencies.

Describe how duplication of efforts will be avoided.

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Application for HOME Investment Partnership Program Grant

7. **Goals, Outputs, and Outcomes**

Identify and describe proposed activity goals, outputs, and anticipated outcomes. (*What type of benefits will be realized? Who will stand to benefit the most? Provide a quantitative analysis in your response. We are looking for things that can be measured.*)

How will you measure services or improvements produced?

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*Application for HOME Investment
Partnership Program Grant*

8. Performance Capacity

Outline a timetable for activity implementation.

Planning Start Date _____

Activity Start Date _____

Activity Completion Date _____

Please discuss your time table.

If your organization is volunteer-based, tell us how volunteers/board members have the capacity and expertise to carry out the activity.

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Application for HOME Investment Partnership Program Grant

List members of the project team; their role in the project; their experience and expertise pertaining to their role.

Project Team Member

Role in Project

Experience and Expertise

Project Team Member

Role in Project

Experience and Expertise

Project Team Member

Role in Project

Experience and Expertise

Project Team Member

Role in Project

Experience and Expertise

Project Team Member

Role in Project

Experience and Expertise

Project Team Member

Role in Project

Experience and Expertise

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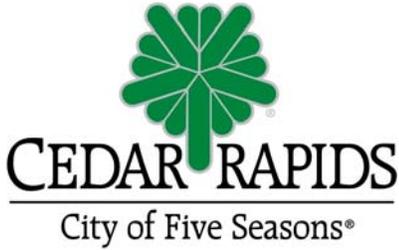
Supplemental Documentation Checklist

| Check if Included | Organizational Capacity | Staff Use Only See note area below |
|-------------------|---|---------------------------------------|
| | Articles of Incorporation | |
| | IRS Non-Profit Status Determination Letter (generally a 501(c)(3) or 501(c)(4); conditional determinations acceptable, but “pending” status is not) | |
| | Corporation By-Laws | |
| | Copy of Most Recently Filed IRS Form 990 | |
| | Annual Report (If required by state to file) | |
| | List of Corporate Officers and/or Board Members For CHDO activities: Indicate whether or not members are public officials. Indicate which members represent low- to moderate-income populations and how. | |
| | Conflict of Interest Policy (you may use your own if you have one or adopt the suggested language provided by Community Development) | |
| | Board’s authorization to request funds via minutes from the board meeting or a board resolution. | |
| | Agreement of Monitoring Compliance (attached) | |
| | Organizational Chart | |
| | Resumes of key staff: <ul style="list-style-type: none"> ◆ Agency Director ◆ Fiscal Officer ◆ Program Administrator | |
| | If the agency employs staff an Equal Employment Opportunity Policy. | |
| | If the agency employs staff an Employee Grievance Procedure. | |
| | For CHDO activities only: Provide a means to prove that the organization has paid staff through either W-2’s or payroll. | |
| | For CHDO activities only: Provide a copy of your plan for providing a formal process for low-income, program beneficiaries to advise the organization in all decisions regarding HOME-assisted affordable housing projects. | |
| | For CHDO activities only: Provide a portfolio of current projects including their status. | |



Supplemental Documentation Checklist

| Check if Included | Resource Capacity | Staff Use Only See note area below |
|--|---|---------------------------------------|
| | Current agency audit report, review report, or compilation report, performed by an independent financial reviewer. (Agencies receiving \$750,000 or more in federal funds are required to have a Single Audit.) | |
| | Current total agency revenue and expense statement. | |
| | Copies of any required local, state, and federal licenses. | |
| Check if Included | Network Capacity | Staff Use Only See note area below |
| | List of contracts with other funding agencies that are part of the activity. | |
| | Agreement or Memorandum of Understanding with any agency partnering in the activity. | |
| | List all identities of any entity other than the applicant agency that has an interest in the activity. _____ | |
| STAFF USE ONLY | | |
| Comments or additional info needed for Supplemental Documentation Checklist. | | |
| | | |



***Additional Documentation
Add to Each Application Copy
Checklist***

| Check if Included | For All Applications | Staff Use Only See note area below |
|-------------------|---|---------------------------------------|
| | Detailed budget including statement of sources and uses. | |
| Check if Included | For All Housing Development Applications | Staff Use Only See note area below |
| | Market analysis demonstrating a demand for the project and marketing plan explaining how you intend to market the units specifically. | |
| | Appendix A to Mandatory and Optional Building Guidelines | |
| | Appendix B to Mandatory and Optional Building Guidelines | |
| | Appendix C to Mandatory and Optional Building Guidelines | |
| | Site plans, drawings, project specifications etc. (If sites are not identified yet, these may be examples) | |
| Check if Included | For Rental Housing Applications | Staff Use Only See note area below |
| | Detailed pro forma. | |
| | Detailed service plan as applicable to your project, explaining your plans to address the specific needs of your target population. | |
| | Draft management plan for the project. | |
| Check if Included | For Homebuyer Rehab/Homebuyer New Construction Applications | Staff Use Only See note area below |
| | Sales Plan | |



*Agreement of Monitoring
Compliance*

If _____ receives funding from the City of Cedar Rapids through the Community Development Block Grant (CDBG) Program it shall provide information and quarterly accomplishment reports about the activity to the City of Cedar Rapids Department of Community Development, Housing Services Division, as requested, and will otherwise cooperate with the ongoing monitoring and evaluation of the activity by City staff. All funded activities are subject to on-site monitoring at least annually while it is in progress. It is understood that failure to comply with monitoring and reporting requirements may result in the withholding or recapture of funds.

Signature of Authorized Representative

Date

Printed Name

Title